



CHARLES D. BAKER  
GOVERNOR

KARYN E. POLITO  
LIEUTENANT GOVERNOR

THOMAS A. TURCO, III  
SECRETARY

# *The Commonwealth of Massachusetts*

## *Department of State Police*

*Office of the Chief Legal Counsel*

*470 Worcester Road*

*Framingham, Massachusetts 01702*



CHRISTOPHER S. MASON  
COLONEL/SUPERINTENDENT

R. SCOTT WARMINGTON  
DEPUTY SUPERINTENDENT

April 14, 2021

### **ADVANCE RELEASE AND WAIVER OF LIABILITY** **Voluntary Physical Fitness Assessment for the 86<sup>th</sup> R.T.T.**

This waiver represents a covenant not to sue the Massachusetts Department of State Police (the "Department"). I acknowledge my election to participate in the Voluntary Physical Fitness Assessment is voluntary and is not a condition of my participation in the 86<sup>th</sup> Recruit Training Troup ("R.T.T."). I understand and agree to be bound by the foregoing Advance Release and Waiver of Liability, which is a general release of all claims, including future claims, against the Department.

More specifically, in consideration of the Department permitting me to participate in the Voluntary Physical Fitness Assessment for the 86<sup>th</sup> R.T.T., which is being conducted by the State Police Academy for voluntary participants and, in order that I might further my own interests, I knowingly assume all risks and hereby agree that I, my heirs, distributes, guardians, legal representatives and/or assigns fully release, waive, discharge and/or hold harmless the Department, its employees, agents, servants and/or, if applicable, owners and/or lessors of premises used to conduct the Voluntary Physical Fitness Assessment from any and all liability, loss, damage, costs, claims and/or causes of action arising out of my participation in the Voluntary Physical Fitness Assessment.

I am not suffering from any condition, medical or otherwise, that would in any way hinder or preclude me from participating in the Voluntary Physical Fitness Assessment.

WITNESS MY HAND THIS \_\_\_\_ DAY OF \_\_\_\_\_, 2021

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Witness Name\* (Please Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature\*

\*This form must be witnessed by a person of 18 years or older. Notary is not required.